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FAX TRANSMISSION

DATE: **DECEMBER 27, 2006**

PTO IDENTIFIER: Application Number 10/803,950-Conf. #7168
Patent Number

Inventor: Rothman et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: VENABLE LLP
Caroline J. Swindell

PHONE: (703) 760-1676

Attorney Dkt. #: 42339-199895

PAGES (Including Cover Sheet): 19

CONTENTS:

Fee Transmittal Form SB/17 (1 page)
Amendment Transmittal (1 page)
Amendment in Response to Non-Final Office Action (14 pages)
Yellow filing receipt (1 page)
Certificate of Transmission (1 page)
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PTO/SB/97 (09-04)
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Application No. (if known): 10/803,950
Attorney Docket No.: 42339-199895

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Attorney/LAA: CJS:cja
 PTO Due Date: December 27, 2006
 Current Date: 12/27/06
 Filing Date: March 19, 2004
 Issue Date:

Venable Filing Number
 Atty. Docket No: 42339-199895

Title of Application: ISOLATION AND PROTECTION OF FIRMWARE-ONLY DISK AREAS

Application No: 10/803,950

Patent No.:

The following items were received from Venable LLP, Washington, D.C.,
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U.S. PTO FEES ENCLOSED

- ☒ Amendment Transmittal (1 page)
☒ Fee Transmittal Form SB/17 (1 page)
 New U.S. Patent Application
 (pages of specification/claims)
 Rule 53(d) Continued Prosecution Application
 Rule 53(b) Continuation or Divisional Application
 (attach copy of specification, claims, drawings and declaration)
 U.S. National Stage Application of PCT Application
 Request for Continued Examination (RCE) under 37 CFR 1.114
 Application Data Sheet
 Substitute Specification
 Priority Document-Cert. Copy of
 Appln.#; Country; Date Filed:
 Formal Drawings (sheets, Figs.)
 Inventor Declaration
 Assignment w/Cover Sheet
 Response to Notice to File Missing Parts
 Response to Notice to File Missing Requirements
 Response to Requirement
 Information Disclosure Statement with cited references
 Response
☒ Amendment Preliminary Amendment
 Petition/Request for Extension of Time (mo. ext.)
 Power of Attorney
 Petition to Revive
 Sequence Listing - CDR Enclosed? Yes No
 Request for Non-Publication
 Reply Brief (in triplicate) / Request for Oral Hearing
 Confirmation of Hearing Petition
 Issue Fee Transmittal
 Certificate of Correction
 Maintenance Fee Transmittal
 Status Inquiry
☒ Other: (Please describe below)
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Filing Fee

Surcharge Fee

Additional Claim Fee

Recordation/Indexing Fee

IDS Fee

Extension Fee

Notice of Appeal Fee

Brief on Appeal

Oral Hearing Request Fee

Petition Fee

Issue Fee

Publication Fee

Maintenance Fee

Other Fees (Describe)

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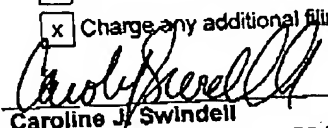
☐ Yes ☐ No

Date 12/27/06

Reviewed By:

Signature of Attorney

814798

AMENDMENT TRANSMITTAL LETTER				Docket No. 42339-199895	
Application No. 10/803,950-Conf. #7168		Filing Date March 19, 2004		Examiner S. C. Elmore	
Applicant(s): Rothman et al.					
Invention: ISOLATION AND PROTECTION OF FIRMWARE-ONLY DISK AREAS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	26	- 26 =	0	x 50.00	0.00
Independent Claims	3	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					
<input checked="" type="checkbox"/> Large Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>22-0261</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					<input type="checkbox"/> Small Entity
Dated: <u>December 27, 2006</u>  Caroline J. Swindell Attorney/Agent Reg. No.: 56,784 VENABLE LLP P.O. Box 34385 Washington, DC 20043-9998 (703) 760-1676 814784					
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	10/803,950-Conf. #7168
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 19, 2004
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Michael A. Rothman
0.00		Examiner Name	S. C. Elmore
		Art Unit	2185
		Attorney Docket No.	42339-199895

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
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Venable LLP	
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Deposit Account Number 22-0261	
Deposit Account Name:	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity Fee (\$)
							50
							200
							360
							180
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims		
26	0	50.00	0.00		Fee (\$)		
HP = highest number of total claims paid for, if greater than 20.		Fee Paid (\$)					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3	0	200.00	0.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 -	150	(round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Caroline J. Swindell</i>	56,784	(703) 760-1676
Name (Print/Type)	Caroline J. Swindell		Date December 27, 2006

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Dated: December 27, 2006	Signature: <i>C. Allen</i> (Caroline J. Swindell)